Case 22-22498-GLT Doc 1 Filed 12/20/22 Entered 12/20/22 14:15:54 Desc Main Document Page 1 of 51

| Fill in this information to identify your case: | | |
|---|---------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF PENNSYLVANIA | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: | Identify Yourself | | |
|----|----------------------|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | | e the name that is on | Tiffany | |
| | your | government-issued are identification (for | First name | First name |
| | exar | mple, your driver's use or passport). | Nichole | |
| | | | Middle name | Middle name |
| | | g your picture tification to your | Burton-Hough | |
| | mee | ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | | other names you have d in the last 8 years | | |
| | maio assu | ide your married or den names and any imed, trade names and g business as names. | | |
| | any such parti | NOT list the name of separate legal entity n as a corporation, nership, or LLC that is illing this petition. | | |
| | 11011 | illing triis petition. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security ber or federal vidual Taxpayer tification number | xxx-xx-9851 | |
| | | | | |

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Debtor 1 Tiffany Nichole Burton-Hough

Case number (if known)

| | Your Employer | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|--|--|--|--|
| 4. | Your Employer Identification Number (EIN), if any. | EIN | EIN | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 1590 Banning Road Dawson, PA 15428 Number, Street, City, State & ZIP Code Fayette County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

Case 22-22498-GLT Doc 1 Filed 12/20/22 Entered 12/20/22 14:15:54 Desc Main Page 3 of 51 Document Debtor 1 Tiffany Nichole Burton-Hough Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When Case number District When Case number District 10. Are any bankruptcy

cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

■ No

Yes.

Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

No.

Go to line 12.

□ Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

this bankruptcy petition.

| Deb | Case 22-22 | | | | d 12/20/22 ument | 2 Entered Page 4 of 5 | 1 12/20/22 14 51 Case number | | Desc Main | |
|-----|---|---|---------------------------------------|---------------------------|---|--|--|---------------------------------|--|----------------------|
| Par | t 3: Report About Any Bu | usinesses Yo | ou Own | s a Sole Pro | oprietor | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | art 4. | | | | | | |
| | | ☐ Yes. | Name | and location o | of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if | · | | | | | - |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | , Street, City | /, State & ZIP C | Code | | | | _ |
| | it to this petition. | | Chec | he appropria | ate box to desci | ribe your busines | ss: | | | |
| | | | | Health Care | Business (as d | efined in 11 U.S | .C. § 101(27A)) | | | |
| | | | | Single Asset | Real Estate (a | s defined in 11 L | J.S.C. § 101(51B)) | | | |
| | | | | Stockbroker | (as defined in | 11 U.S.C. § 101(| 53A)) | | | |
| | | | | Commodity I | Broker (as defir | ned in 11 U.S.C. | § 101(6)) | | | |
| | | | | None of the | above | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § | proceed un you are cho cash-flow s § 1116(1)(E | der Sul posing t tatemen s). | hapter V so a proceed und | that it can set a ler Subchapter income tax ret | <i>ppropriate dead</i> V, you must atta | lines. If you indicated the second se | e that you are nt balance sh | or or a debtor choosi e a small business neet, statement of o illow the procedure i | debtor or perations, |
| | 1182(1)? | No. | I alli I | . Illing under | Спаріег і і. | | | | | |
| | For a definition of small business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | ng under Cha | apter 11, but I a | nm NOT a small | business debtor ac | ccording to th | ne definition in the B | ankruptcy |
| | | ☐ Yes. | | | | a small business Subchapter V of 0 | | o the definition | on in the Bankruptcy | y Code, and |

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

choose to proceed under Subchapter V of Chapter 11.

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| | No. |
|---------------|-----|
| $\overline{}$ | |

☐ Yes.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I

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Debtor 1 Tiffany Nichole Burton-Hough

Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Tiffany Nichole Bu | urton-Hoเ | ıgh | | Case numbe | (if known) |
|------|--|-------------------------------|---|---|-------------------------|--|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily coindividual primarily for a pers | | | ned in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | Are your debts primarily b money for a business or inve | | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you o | owe that are not consur | mer debts or busines | s debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | r 7. Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. I are paid that funds will be av | | | erty is excluded and administrative expenses |
| | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | ■ No | | | |
| | | | ☐ Yes | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 | 99 | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,0 |) | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 |
| | | 200-99 | 99 | | | |
| 19. | How much do you estimate your assets to be worth? | | 1 - \$100,000 | □ \$1,000,001 □ \$10,000,001 □ \$50,000,001 | - \$50 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | | 001 - \$500,000 001 - \$1 million | | 01 - \$500 million | ☐ More than \$50 billion |
| 20. | How much do you estimate your liabilities | □ \$0 - \$ <u>\$</u> | | ☐ \$1,000,001 | | □ \$500,000,001 - \$1 billion |
| | to be? | □ \$100,0 | 01 - \$100,000 101 - \$500,000 | □ \$10,000,001 □ \$50,000,001 | - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | □ \$500,0 | 001 - \$1 million | \$100,000,00 | 01 - \$500 million | ☐ More than \$50 billion |
| Part | :7: Sign Below | | | | | |
| For | you | I have ex | amined this petition, and I de | clare under penalty of p | perjury that the inform | nation provided is true and correct. |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7. |
| | | | ney represents me and I did , I have obtained and read th | | | t an attorney to help me fill out this |
| | | I request | relief in accordance with the | chapter of title 11, Unite | ed States Code, spec | cified in this petition. |
| | | bankrupto and 3571 | y case can result in fines up | to \$250,000, or impriso | | or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Tiffany | Nichole Burton-Hough of Debtor 1 | <u> </u> | Signature of Debtor | r 2 |
| | | Executed | on December 20, 2022 MM / DD / YYYY | | Executed on MM | / DD / YYYY |
| | | | | | | |

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Debtor 1 Tiffany Nichole Burton-Hough Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David A | NRice, Esq. | Date | December 20, 2022 | |
|-----------------|------------------------|---------------|----------------------|--|
| Signature of | Attorney for Debtor | | MM / DD / YYYY | |
| David A Ri | ice, Esq. | | | |
| Printed name | | | | |
| Rice & Ass | sociates Law Firm | | | |
| Firm name | | | | |
| 15 West Bo | eau Street | | | |
| Washingto | on, PA 15301 | | | |
| | City, State & ZIP Code | | | |
| Contact phone | 724-225-7270 | Email address | ricelaw1@verizon.net | |
| 50329 PA | | | | |
| Bar number & St | ate | | | |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------------|--------------------------------------|
| Debtor 1 | | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF PENNSYLVANIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | _ |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
|-----|---|--------------|-------------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 12,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 27,751.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 39,751.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 49,029.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 10,218.00 |
| | Your total liabilities | \$ | 59,247.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 0.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,809.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Tiffany Nichole Burton-Hough

Case number (if known)

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| Б | 350.00 |
|---|--------|
| | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | Doo | cument | Page 10 of 51 | | | |
|-------------------------|---|---------------------|---------------------------|--|-----------------------------------|----------------------------------|--|
| Fill in th | is information to identify your | case and this filin | ıg: | | | | |
| Debtor 1 | Tiffany Nichole E | Burton-Hough | | | | | |
| Dahtan 0 | First Name | Middle Name | | Last Name | | | |
| Debtor 2 (Spouse, if | | Middle Name | | Last Name | | | |
| United S | tates Bankruptcy Court for the: | WESTERN DISTR | RICT OF PEN | INSYLVANIA | | | |
| Case nu | mber | | | | | I | Check if this is an amended filing |
| Officia | al Form 106A/B | | | | | | |
| | edule A/B: Prop | ertv | | | | | 12/15 |
| informatio Answer ev | s best. Be as complete and accura on. If more space is needed, attach very question. Describe Each Residence, Building | a separate sheet to | this form. On | the top of any additional pages, | | | |
| 1.1 | Where is the property? | Wha | at is the prope | rty? Check all that apply | | | |
| | Imero Vacation Timeshare et address, if available, or other description | C | Duplex or m | y home nulti-unit building ım or cooperative | the amount | of any secured | ns or exemptions. Put claims on <i>Schedule D:</i> s <i>Secured by Property.</i> |
| City | State | ZIP Code | Land | ed or mobile home | Current val entire prop \$1 | | Current value of the portion you own? \$12,000.00 |
| | | _ | has an intere | | | e simple, tenai e), if known. | ur ownership interest ncy by the entireties, or |
| Cour | nty | | Debtor 1 and At least one | d Debtor 2 only of the debtors and another you wish to add about this item | (see inst | ructions) | nunity property |
| | | pur | chased for | [•] \$12,000 | | | |
| | the dollar value of the portion es you have attached for Part | | | | | => | \$12,000.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 22-22498-GLT Doc 1 Filed 12/20/22 Entered 12/20/22 14:15:54 Desc Main Page 11 of 51 Document Debtor 1 **Tiffany Nichole Burton-Hough** Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes **Toyota** Do not deduct secured claims or exemptions. Put Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Rav4 Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2019 Debtor 2 only Current value of the Current value of the Approximate mileage: 90000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another KBB private party = \$20,911 \$20,911.00 \$20,911.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$20,911.00 pages you have attached for Part 2. Write that number here.......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware \square No Yes. Describe..... living room set, bedroom set, dining room set, chids furniture, lawn furniture, tv, stereo, washer & dryer, refrigerator, stove/oven, lawnmower, tools, auto supplies, books, pictures, \$3,500.00 antiques, music collection 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

■ No

☐ Yes. Describe.....

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| 16. | 5. Add the dollar value of for Part 3. Write that is series of the form of the following process | number he cial Assets egal or equ nave in you avings, or o | uitable interest in any ur wallet, in your home, | , in a safe deposit box, and on hand when you file your petit | |
|----------|--|--|--|---|---|
| 16. | Describe Your Finance of you own or have any less No Cash Examples: Money you have not your property of money Examples: Checking, sainstitutions. | cial Assets egal or equ nave in you | uitable interest in any ur wallet, in your home, | y of the following? in a safe deposit box, and on hand when you file your petit s; certificates of deposit; shares in credit unions, brokerage h the same institution, list each. | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Pa Do | 5. Add the dollar value of for Part 3. Write that in the control of the control o | cial Assets egal or equ | uitable interest in any | y of the following? , in a safe deposit box, and on hand when you file your petit | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Pa Do | 5. Add the dollar value of for Part 3. Write that in the control of the control o | number he cial Assets egal or equ | uitable interest in any | y of the following? in a safe deposit box, and on hand when you file your petit | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Pa | 5. Add the dollar value of for Part 3. Write that i | number he | ere | | Current value of the portion you own? Do not deduct secured |
| Pa | 5. Add the dollar value of for Part 3. Write that i | number he | ere | | \$6,550.00 |
| 15 | 5. Add the dollar value of | • | | | \$6,550.00 |
| | 100. ONO opocinio init | | | | |
| | Any other personal and ■ No □ Yes. Give specific info | | - | already list, including any health aids you did not list | |
| | | pets | | | \$50.00 |
| | Examples: Dogs, cats, I No Yes. Describe | birds, horse | es | | |
| 13 | Non-farm animals | Joweny | | | |
| | ■ Yes. Describe | jewelry | | | \$2,000.00 |
| 12. | . Jewelry Examples: Everyday jev □ No | welry, costu | ume jewelry, engagem | ent rings, wedding rings, heirloom jewelry, watches, gems, | gold, silver |
| 4- | | clothes | | | \$200.00 |
| | Examples: Everyday clo ☐ No ☐ Yes. Describe | | _ | er wear, shoes, accessories | ••• |
| 11. | | | S | | \$800.00 |
| 11. | Clothes | firearms | | | |
| 11. | | firearms | | | |
| | Clothes | | | ated equipment | |

Official Form 106A/B Schedule A/B: Property page 3

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| Debtor | 1 Tiffany Ni | chole Burton-Hough | | Case number (if known) | |
|-----------------|---|---|---|-----------------------------------|--|
| | | | | _ | |
| E | camples: Bond fun | ls, or publicly traded stocks ds, investment accounts with be | rokerage firms, money market accou | nts | |
| ■ N | ∖o ′es | Institution or issuer | r name: | | |
| | | stock and interests in incorp | porated and unincorporated busing | esses, including an interest in | an LLC, partnership, and |
| joi ■ N | int venture No | | | | |
| | es. Give specific | information about them | | 0/ / | |
| 00.0 | | Name of entity: | | % of ownership: | |
| Ne No | egotiable instrume on-negotiable instr | nts include personal checks, ca | otiable and non-negotiable instruitshiers' checks, promissory notes, ar ansfer to someone by signing or deli | nd money orders. | |
| ■ N | | information about them | | | |
| | · | Issuer name: | | | |
| | tirement or pensi | | 403(b), thrift savings accounts, or ot | har panaian ar profit abaring pla | no |
| ■ N | • | in IRA, ERISA, Reogn, 401(k), | 403(b), trimit savings accounts, or of | ner pension or pront-snaming pia | ns |
| | es. List each acco | ount separately. Type of account: | Institution name: | | |
| Yo Ex | <i>camples:</i> Agreeme | used deposits you have made s | o that you may continue service or u, public utilities (electric, gas, water), | | s, or others |
| | √es | | Institution name or individua | l: | |
| 23. An | nuities (A contrac | ct for a periodic payment of mon | ney to you, either for life or for a num | ber of years) | |
| ■ N | √o ∕es | Issuer name and description. | | | |
| 24. Inte | erests in an educa | ation IRA. in an account in a | qualified ABLE program, or under | a qualified state tuition progra | am. |
| | J.S.C. §§ 530(b)(1 | 1), 529A(b), and 529(b)(1). | , | | |
| | vo ′es | Institution name and description | on. Separately file the records of any | interests.11 U.S.C. § 521(c): | |
| 25. Tr u | ısts, equitable or | future interests in property (| other than anything listed in line 1 |), and rights or powers exerci | sable for your benefit |
| | | information about them | | | |
| | | | and other intellectual property | | |
| Ex | <i>camples:</i> Internet o | | eds from royalties and licensing agre | eements | |
| | | information about them | | | |
| | | s, and other general intangib | les | | |
| E> ■ N | , , , | permits, exclusive licenses, coo | perative association holdings, liquor | licenses, professional licenses | |
| | | information about them | | | |
| Money | or property owe | ed to you? | | | Current value of the |
| | | | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. Ta | x refunds owed to | o you | | | |
| | | information about them, including | ng whether you already filed the retu | rne and the tay years | |
| ום | es. Give specific i | imormation about them, including | ig whether you already filed the retu | ins and the tax years | |

Official Form 106A/B Schedule A/B: Property page 4

Case 22-22498-GLT Doc 1 Filed 12/20/22 Entered 12/20/22 14:15:54 Page 14 of 51 Document Debtor 1 **Tiffany Nichole Burton-Hough** Case number (if known) 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **American Income Life Insurance** \$110.00 cash surrender value = \$110 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$290.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Official Form 106A/B Schedule A/B: Property page 5

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

Page 15 of 51 Document **Tiffany Nichole Burton-Hough** Debtor 1 Case number (if known) 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$12,000.00 Part 2: Total vehicles, line 5 \$20,911.00 Part 3: Total personal and household items, line 15 \$6,550.00 Part 4: Total financial assets, line 36 \$290.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$27,751.00 Copy personal property total \$27,751.00

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\$39,751.00

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63. Total of all property on Schedule A/B. Add line 55 + line 62

Doc 1

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|-----------------|--------------------------------------|---|
| Debtor 1 | Tiffany Nichole B | urton-Hough | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT C | DF PENNSYLVANIA | | |
| Case number | | | | ☐ Check if this is ar amended filing | 1 |

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| | ☐ You are claiming state and federal nonbar | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Palmero Vacation Timeshare purchased for \$12,000 | \$12,000.00 | | \$0.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2019 Toyota Rav4 90000 miles KBB private party = \$20,911 | \$20,911.00 | | \$0.00 | 11 U.S.C. § 522(d)(2) |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | living room set, bedroom set, dining room set, | \$3,500.00 | | \$3,500.00 | 11 U.S.C. § 522(d)(3) |
| | chids furniture, lawn furniture, tv, stereo, washer & dryer, refrigerator, stove/oven, lawnmower, tools, auto supplies, books, pictures, antiques, music collection Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | firearms Line from Schedule A/B: 10.1 | \$800.00 | | \$800.00 | 11 U.S.C. § 522(d)(5) |
| | LINE HOITI SCHEUUIE AVD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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| Debtor 1 Tiffany Nichole Burton-Hough | | | Case number (if known) | |
|---|--------------------------------------|---------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| clothes | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| jewelry Line from Schedule A/B: 12.1 | \$2,000.00 | | \$1,875.00 | 11 U.S.C. § 522(d)(4) |
| Life from Schedule Add. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| jewelry | \$2,000.00 | | \$125.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| pets Line from Schedule A/B: 13.1 | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(3) |
| Line from Scriedule AVB: 13.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: PNC Bank Line from Schedule A/B: 17.1 | \$80.00 | | \$80.00 | 11 U.S.C. § 522(d)(5) |
| Line from Scriedule AVB. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: USAA Line from Schedule A/B: 17.2 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(5) |
| Line nom Schedule AVB. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| American Income Life Insurance cash surrender value = \$110 | \$110.00 | | \$110.00 | 11 U.S.C. § 522(d)(8) |
| Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every No | | | led on or after the date of adjustmer | nt.) |
| ☐ Yes. Did you acquire the property cove☐ No | ered by the exemption w | ithin 1 | 215 days before you filed this case | ? |
| ☐ Yes | | | | |

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|-----------------------|--------------|-------------------------------------|---|------------------|-----------------------------------|--|--------------------|
| Fill in this infor | mation to | identify you | r case: | | | | |
| Debtor 1 | Tiffan | v Nichole | Burton-Hough | | | | |
| 200101 | First Nan | | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Nan | ne | Middle Name | Last Name | | | |
| United States Ba | ankruptcy C | Court for the: | WESTERN DISTRICT OF PEN | NSYLVANIA | | | |
| Case number | | | | | | | |
| (if known) | | | | | | ☐ Check | if this is an |
| | | | | | | ameno | ded filing |
| Official Forr | m 106D | | | | | | |
| | | - | Who Hove Claims | Coourod | l by Dranart | | 40/45 |
| <u>Schedule</u> | D: Cr | eartors | Who Have Claims S | secured | by Propert | <u>y </u> | 12/15 |
| | e Additiona | | f two married people are filing togethe out, number the entries, and attach it t | | | | |
| 1. Do any creditors | s have claim | ns secured by | your property? | | | | |
| ☐ No. Chec | k this box a | and submit th | nis form to the court with your other | schedules. Yo | u have nothing else t | o report on this form. | |
| Yes. Fill in | n all of the | information I | pelow. | | | | |
| Part 1: List A | All Secured | l Claims | | | | | |
| | | | nore than one secured claim, list the cred | ditor senarately | Column A | Column B | Column C |
| for each claim. If n | more than on | e creditor has | a particular claim, list the other creditors cal order according to the creditor's name | in Part 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| 2.1 Ally Fina | noial Inc | | Describe the property that secures the | ha alaimi | value of collateral. \$33.666.00 | claim | If any \$12.755.00 |
| 2.1 Ally Final | | | 2019 Toyota Rav4 90000 mile | | \$33, 000.00 | \$20,911.00 | \$12,755.00 |
| | | | KBB private party = \$20,911 | 55 | | | |
| Attn: Ban 500 Wood | | | As of the date you file, the claim is: (| Check all that | | | |
| Detroit, N | | | apply. Contingent | | | | |
| Number, Stree | | Zip Code | ☐ Unliquidated | | | | |
| | | • | ☐ Disputed | | | | |
| Who owes the de | ebt? Check | one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | | An agreement you made (such as n | mortgage or secu | ured | | |
| Debtor 2 only | | | car loan) | | | | |
| Debtor 1 and D | • | | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| At least one of | | | ☐ Judgment lien from a lawsuit | | | | |
| Check if this c | | s to a | Other (including a right to offset) | Purchase M | loney Security | | |
| Date debt was inc | 08 Ac | oened /19 Last ctive 06/22 | Last 4 digits of account numb | oer 5068 | | | |

Date debt was incurred 8/06/22

Last 4 digits of account number

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| Debt | otor 1 Tiffany Nichole Burton-Hough | | | Case number (if known) | | | | |
|------|---|---|--------------------|------------------------|-------------|------------|--|--|
| | First Name Middle N | lame Last Name | | | | | | |
| 2.2 | Equiant | Describe the property that secures | the claim: | \$15,363.00 | \$12,000.00 | \$3,363.00 | | |
| | Creditor's Name | Palmero Vacation Timeshar purchased for \$12,000 | е | | | | | |
| | 500 North Juniper Drive Suite 100 Chandler, AZ 85226 | As of the date you file, the claim is: apply. Contingent | Check all that | | | | | |
| Who | Number, Street, City, State & Zip Code owes the debt? Check one. | ☐ Unliquidated ☐ Disputed | | | | | | |
| _ | | Nature of lien. Check all that apply. | | | | | | |
| _ | ebtor 1 only ebtor 2 only | ☐ An agreement you made (such as car loan) | mortgage or secure | ed | | | | |
| □D | ebtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | | | |
| ☐ At | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | | |
| _ | heck if this claim relates to a community debt | Other (including a right to offset) | Time Share | | | | | |
| Date | debt was incurred | Last 4 digits of account num | ber | | | | | |
| | | | | | | | | |
| Add | d the dollar value of your entries in C | Column A on this page. Write that num | ber here: | \$49,029.0 | 00 | | | |
| | his is the last page of your form, add ite that number here: | the dollar value totals from all pages. | | \$49,029.0 | 00 | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | Document | Page 20 | of 51 | | |
|---|--|--|---|-------------------------------|---|------------------------------------|--|
| Fill in t | this inform | ation to identify your | case: | | | | |
| Debtor | 1 | Tiffany Nichole B | urton-Hough | | | | |
| Dobtoi | | First Name | Middle Name | Last Name | | | |
| Debtor | 2 | | | | | | |
| (Spouse | if, filing) | First Name | Middle Name | Last Name | | | |
| United | States Ban | kruptcy Court for the: | WESTERN DISTRICT OF PE | NNSYLVANIA | | | |
| Casa n | number | | | | | | |
| (if known | | | | | | ☐ Che | eck if this is an |
| | | | | | | _ | ended filing |
| | | | | | | | J |
| Offici | al Form | 106E/F | | | | | |
| Sche | dule E/ | F: Creditors W | ho Have Unsecured | Claims | | | 12/15 |
| Schedul Schedul left. Atta name ar | e G: Executorie D: Creditorich the Continud case num | ory Contracts and Unexp rs Who Have Claims Sect inuation Page to this pag ber (if known). | that could result in a claim. Also ired Leases (Official Form 106G). I ured by Property. If more space is e. If you have no information to re | Do not include needed, copy t | any creditors with partially se the Part you need, fill it out, no | cured claims th umber the entri | at are listed in es in the boxes on the |
| Part 1: | | of Your PRIORITY Un | | | | | |
| _ | - | s have priority unsecure | d claims against you? | | | | |
| | No. Go to Pa | rt 2. | | | | | |
| | Yes. | | | | | | |
| Dort 2 | Liet All | of Your NONPRIORIT | V I Incorred Claims | | | | |
| Part 2: | | | | | | | |
| 3. Do | any creditor | s nave nonpriority unsec | cured claims against you? | | | | |
| | No. You have | e nothing to report in this pa | art. Submit this form to the court with | your other sche | edules. | | |
| | Yes. | | | | | | |
| uns | ecured claim n one credito | , list the creditor separately | aims in the alphabetical order of tl y for each claim. For each claim listed st the other creditors in Part 3.If you | d, identify what t | ype of claim it is. Do not list clair | ms already includ | led in Part 1. If more |
| | | | | | | 7 | otal claim |
| 4.1 | Capital C | One | Last 4 digits of acc | count number | 1941 | | \$488.00 |
| | | Creditor's Name | | | | _ | Ψ 100100 |
| | Attn: Bn | • | | | Opened 04/20 Last A | ctive | |
| | P.O. Box | | When was the deb | t incurred? | 11/18/22 | | |
| | | e City, UT 84130 eet City State Zip Code | As of the date you | file the eleim i | s: Check all that apply | | |
| | | red the debt? Check one. | As of the date you | file, the claim i | s: Check all that apply | | |
| | _ | | - | | | | |
| | Debtor 1 | - | ☐ Contingent | | | | |
| | Debtor 2 | - | ☐ Unliquidated | | | | |
| | Debtor 1 | I and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least | one of the debtors and and | | RITY unsecured | d claim: | | |
| | ☐ Check i | f this claim is for a comm | - | | | | |
| | debt | n subject to offset? | Obligations arisi report as priority cla | | ration agreement or divorce tha | t you did not | |
| | No | . casjeet to onset: | <u>'</u> ' ' | | g plans, and other similar debts | | |
| | - 140 | | | • | redit used to buy house | | |
| | ☐ Yes | | Other. Specify | goods | | -iiUiu | |

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| Deptoi | Tillarly Nichole Burton-Hough | | Case Hulliber (ii kno | wn) | | | |
|--------|--|---|-------------------------|--------------------------|-----------------|--|--|
| 4.2 | Collection Service Center, Inc. | Last 4 digits of account number | X96A | | \$854.00 | | |
| | Nonpriority Creditor's Name Attn: Bankrupcy 839 5th Ave | When was the debt incurred? | Opened 10/14/16 | | | | |
| | New Kensington, PA 15068 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | y | | | |
| | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | |
| | At least one of the debtors and another | Student loans | i Ciaiii. | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or d | livorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other sim | nilar debts | | | |
| | Yes | Other. Specify medical set | | | | | |
| 4.3 | Comenity Bank/Victoria Secret | Last 4 digits of account number | 6262 | | \$244.00 | | |
| 4.5 | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 12/14 12/22 | Last Active | \$244.00 | | |
| | Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | у | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | J | • | | | |
| | No | Debts to pension or profit-sharin | | | | | |
| | Yes | ■ Other. Specify clothes | redit account us | sed to buy | | | |
| 4.4 | Comenity Bk/Ulta | Last 4 digits of account number | 4099 | | \$122.00 | | |
| | Nonpriority Creditor's Name Po Box 182120 Columbus, OH 43218 | When was the debt incurred? | Opened 06/21 6/19/22 | Last Active | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | y | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other sim | nilar debts | | | |
| | ☐ Yes | revolving c Other. Specify goods | redit used to bu | y household | | | |

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| Debio | Tillarly Nichole Burton-Hough | | Case number (ii known) | | | | |
|-------|---|---|---|----------|--|--|--|
| 4.5 | Comenity/Sephora | Last 4 digits of account number | 3083 | \$153.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 04/21 Last Active 12/22 | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the dami | S. Offeck all triat apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | | redit used to buy household | | | | |
| 4.6 | Credit Collections USA, LLC Nonpriority Creditor's Name | Last 4 digits of account number | 9301 | \$52.00 | | | |
| | Attn: Bankruptcy 16 Distributor Drive, Ste 1 Morgantown, WV 26501 | When was the debt incurred? | Opened 11/02/18 Last Active 12/17 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | . | | | | |
| | Yes | Other. Specify medical se | vices provided | | | | |
| 4.7 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number | 2185 | \$703.00 | | | |
| | Attn: Bankruptcy Department Po Box 98873 | When was the debt incurred? | Opened 04/20 Last Active 11/22 | | | | |
| | Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | □Yes | Tevolving of Other. Specify qoods | redit used to buy household | | | | |

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| Debto | 1 Tiffany Nichole Burton-Hough | Case number (if known) | |
|-------|--|---|----------|
| 4.8 | Dr. Al-Rasheed | Last 4 digits of account number | \$745.00 |
| | Nonpriority Creditor's Name 828 West Main Street | When was the debt incurred? | |
| | Mount Pleasant, PA 15666 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | | |
| | _ | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | <u> </u> | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | Yes | Other. Specify medical sevices provided | |
| 4.9 | Dr. Stone | Last 4 digits of account number 6351 | \$53.00 |
| | Nonpriority Creditor's Name 625 Cherry Tree Lane Uniontown, PA 15401 | When was the debt incurred? 2017 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify medical sevices provided | |
| 4.1 | Grace Wellness Center | Last 4 digits of account number 3894 | \$990.00 |
| | Nonpriority Creditor's Name 8700 Pennsylvania Avenue, Suite 3 | When was the debt incurred? | |
| | Irwin, PA 15642 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | 5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5. | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify medical sevices provided | |

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Tiffany Nichole Burton-Hough

Case number (if known)

| I iffany Nichole Burton-Hough | | Case number (if known) | |
|--|--|---|------------|
| Kohls/Capital One | Last 4 digits of account number | 4757 | \$541.00 |
| Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 Milwaukee. WI 53201 | When was the debt incurred? | Opened 09/15 Last Active 05/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | ■ Other. Specify goods | redit used to buy household | |
| Lincoln Automotive Fin | Last 4 digits of account number | 7967 | \$956.00 |
| Nonpriority Creditor's Name Attn: Bankrutcy Po Box 54200 | When was the debt incurred? | Opened 08/14 Last Active 10/17/19 | |
| Omaha, NE 68154 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d alatan | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| _ NO | • | gap coverage deficiency after | |
| Yes | Other. Specify total | gap corolago dellolollo, alto. | |
| Monongahela Valley Hosp. | Last 4 digits of account number | several accounts | \$3,350.00 |
| Nonpriority Creditor's Name 1163 Country Club Road Monongahela, PA 15063 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | o plans, and other similar debts | |
| | · | | |
| ☐ Yes | Other Specify medical set | vices provided | |

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| Debtor 1 | Tiffany Nichole Burton-Hough | | Case number (if k | nown) | | | | |
|--|---|--|-------------------------|--------------------------|------------------------------|--|--|--|
| | ynchrony/PayPal Credit | Last 4 digits of account number | 5186 | _ | \$782.00 | | | |
| Ai Po | onpriority Creditor's Name ttn: Bankruptcy D Box 965060 rlando, FL 32896 | When was the debt incurred? | Opened 09/2 11/20/22 | 1 Last Active | | | | |
| | Indition, FL 32090 Imber Street City State Zip Code | As of the date you file, the claim | is: Check all that ap | ply | | | | |
| W | no incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | Check if this claim is for a community | Student loans | | | | | | |
| de Is | bt the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement o | r divorce that you did r | not | | | |
| | No | Debts to pension or profit-sharir | ng plans, and other s | similar debts | | | | |
| | Yes | · | redit used to b | | | | | |
| · | answorld Sys Inc/51 | Last 4 digits of account number | 3199 | _ | \$185.00 | | | |
| P | oppriority Creditor's Name bb 15273 ilmington, DE 19850 | When was the debt incurred? | Opened 1/30 10/18 |)/19 Last Active | | | | |
| Nu | imber Street City State Zip Code no incurred the debt? Check one. | As of the date you file, the claim | is: Check all that ap | ply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | Check if this claim is for a community | Student loans | | | | | | |
| de Is | bt the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement of | r divorce that you did r | not | | | |
| _ | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | Other. Specify medical se | vices provided | l | | | | |
| Part 3: | List Others to Be Notified About a Debt | That You Already Listed | | | | | | |
| 5. Use this p is trying t have mor | age only if you have others to be notified about to collect from you for a debt you owe to some than one creditor for any of the debts that your any debts in Parts 1 or 2, do not fill out or sand the Amounts for Each Type of Unserted | out your bankruptcy, for a debt that yeone else, list the original creditor is ou listed in Parts 1 or 2, list the add submit this page. | Parts 1 or 2, then | list the collection ag | ency here. Similarly, if you | | | |
| | amounts of certain types of unsecured claims | s. This information is for statistical r | eporting purposes | | . Add the amounts for each | | | |
| | 6a. Domestic support obligations | | 6a. \$ | Total Claim | .00 | | | |
| Total | | | * | | | | | |
| claims from Part 1 | 6b. Taxes and certain other debts y | ou owe the government | 6b. \$ | n | .00 | | | |
| | 6c. Claims for death or personal in | - | 6c. \$ | | .00 | | | |
| | 6d. Other. Add all other priority unsec | ured claims. Write that amount here. | 6d. \$ | 0 | .00 | | | |
| | 6e. Total Priority. Add lines 6a through | gh 6d. | 6e. \$ | 0 | .00 | | | |
| | Cf Cfurdant lanna | | Gf ÷ | Total Claim | .00 | | | |
| | 6f. Student loans | | 6f. \$ | 0 | .00 | | | |

Total

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Debtor 1 Tiffany Nichole Burton-Hough

Case number (if known)

| claim | IS |
|-------|--------|
| from | Part 2 |

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts 6g.
- 6h.
- Other. Add all other nonpriority unsecured claims. Write that amount
- 6j. Total Nonpriority. Add lines 6f through 6i.

| 6g. | \$ 0.00 |
|-----|-----------------|
| 6h. | \$ 0.00 |
| 6i. | \$ 10,218.00 |

6j. 10,218.00 Case 22-22498-GLT Doc 1 Filed 12/20/22 Entered 12/20/22 14:15:54 Desc Main Document Page 27 of 51

| Fill in this information to identify your case: | | | | | | | | |
|---|--------------------------|--------------------|-----------------|--|--|--|--|--|
| Debtor 1 | Tiffany Nichole B | urton-Hough | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT O | OF PENNSYLVANIA | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | | | | | |
| | | | | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | 7 | | | | |

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| | | Doddillo | in rage 20 or c | <u>/ </u> | |
|-------------------------|--|--|---|---|-----------------------------|
| Fill in th | is information to identify your | r case: | | | |
| Debtor 1 | Tiffany Nichole E | Burton-Hough | | | |
| . | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, | | Middle Name | Last Name | | |
| United S | tates Bankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | | |
| Case nu | mber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | al Form 106H | | | | |
| <u>Sche</u> | dule H: Your Cod | debtors | | | 12/15 |
| people a ill it out, | rs are people or entities who a re filing together, both are equ and number the entries in the ne and case number (if known | ually responsible for supple boxes on the left. Attacl | plying correct information h the Additional Page to th | . If more space is needed, | copy the Additional Page, |
| 1. D | o you have any codebtors? (If | f you are filing a joint case, | do not list either spouse as | a codebtor. | |
| □ N ■ Y | | | | | |
| | rithin the last 8 years, have yo ona, California, Idaho, Louisiana | | | | and territories include |
| | o. Go to line 3. es. Did your spouse, former spo | ouse, or legal equivalent liv | e with you at the time? | | |
| in liı Forr | olumn 1, list all of your codeb ne 2 again as a codebtor only n 106D), Schedule E/F (Officia Column 2. | if that person is a guaran | ntor or cosigner. Make sur | e you have listed the credit | tor on Schedule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The creditor to Check all schedules that ap | |
| 3.1 | Broc Hough | | | ■ Schedule D, line2 □ Schedule E/F, line □ Schedule G Ally Financial, Inc | <u>.1</u> |
| 3.2 | Imogene Kirkpatrick | | | ☐ Schedule D, line ■ Schedule E/F, line | _ |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

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| =::: | | | | | | | | | | |
|---------------------|--|---|----------------------------|-------------|-------|----------|-------------------|--------------------------------|--------------------------------|---------|
| | in this information to identify your cotor 1 Tiffany Nich | ole Burton-Hough | | | | | | | | |
| Del | otor 2 | olo Bulton Hough | | | _ | | | | | |
| | ted States Bankruptcy Court for the | : WESTERN DISTRICT | OF PENNSYLVANI | A | | | | | | |
| (If kr | se number nown) | | | | | □ A | | ed filing ent showin | ng postpetition ollowing date: | chapter |
| O. | fficial Form 106I | | | | | M | IM / DD/ \ | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| spo | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. T1: Describe Employment Fill in your employment | r spouse is not filing wi | th you, do not inclu | de infori | matio | n about | your spounder (if | ouse. If m known). <i>A</i> | ore space is | needed, |
| | information. | | | | | | | | lling spouse | |
| attad infor | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☐ Employed ■ Not employed | | | | □ Empl | mployed | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed the | nere? | | | | _ | | | |
| Esti spou | mate monthly income as of the duse unless you are separated. | ate you file this form. If | | | | | | | - | |
| more | u or your non-filing spouse have mo e space, attach a separate sheet to | ore than one employer, co this form. | ombine the informatio | n for all e | empio | For Deb | | | btor 2 or | ou neea |
| | | | | | | . 0. 500 | | | ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | | 0.00 | \$ | 0.00 | |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1 | Tiffany Nichole Burton-Hough | - | (| Case r | number (if | known |) _ | | | | |
|-----|----------------|--|-----------|-----|----------|------------|-------|--|----------|---------------------|--------------------|------|
| | | | | | For I | Debtor 1 | | | | Debtor -filing s | | |
| | Cop | y line 4 here | 4. | | \$ | | 0.00 |) | \$ | | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | а. | \$ | | 0.00 |) | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | ο. | \$ | | 0.00 | _ | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 50 | Э. | \$ | | 0.00 | _ | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | | 0.00 |) | \$ | | 0.00 | |
| | 5e. | Insurance | 5e | €. | \$ | | 0.00 |) | \$ | | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 0.00 | _ | \$ | | 0.00 | |
| | 5g. | Union dues | 5g | | \$ | | 0.00 | _ | \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: | _ 5h | Դ.+ | \$ | | 0.00 |) + | | | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | | 0.00 | <u>) </u> | \$ | | 0.00 | |
| 7. | Calc | sulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | | 0.00 | <u>) </u> | \$ | | 0.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total most business. | 9.0 | _ | ¢ | | 0.00 | | ¢ | | 0.00 | |
| | 8b. | monthly net income. Interest and dividends | 8a 8b | | \$ | | 0.00 | _ | \$ \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | \$ \$ | | 0.00 | _ | \$ | | 0.00 | |
| | 8d. | Unemployment compensation | 80 | | \$- | | 0.00 | _ | \$- | | 0.00 | |
| | 8e. | Social Security | 8e | | \$ | | 0.00 | _ | \$ | | 0.00 | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g | | \$ | | 0.00 | _ | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h | า.+ | \$ | | 0.00 |) + | - \$ | | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 5 | \$ | | 0.00 |) | \$ | | 0.00 | |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 0.00 | + | \$ | | 0.00 | = \$ | 0.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | *- | | 0.00 | 7 | _ | | 0.00 | | 0.00 |
| 11. | State Inclu | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a second control of the control of | depe | | | • | | - | | | ∍ J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | | 12. | \$ | 0.00 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | | | 1 | Combined monthly i | |
| | | No. Yes Evolain | | | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill is | this informa | tion to identify yo | our casa: | | | I | | |
|-----------------|----------------------------|---------------------------------------|----------------|--|--|---------------|---------------------------------|-------------------------------|
| | | | | an Harrist | | <u> </u> | .l. :f 41.: '- | |
| Debto | or 1 | Tiffany Nich | ole Burto | on-Hough | | | k if this is: An amended filing | |
| Debto | or 2 | | | | | | A supplement show | ving postpetition chapter |
| (Spot | use, if filing) | | | | | | 13 expenses as of | the following date: |
| Unite | d States Bankr | uptcy Court for the | : WESTE | ERN DISTRICT OF PENNS | SYLVANIA | - | MM / DD / YYYY | |
| Case (If kno | number own) | | | | | | | |
| Off | ficial Fo | rm 106J | | | | | | |
| Sc | hedule | J: Your | Exper | ises | | | | 12/15 |
| infor | rmation. If m | | eded, atta | . If two married people and the control in the cont | | | | |
| Part | | ibe Your House | ehold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | | • | | | | | |
| | _ | | ın a separ | ate household? | | | | |
| | □N | - | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Senarate House | ehold of Debi | tor 2 | |
| • | | | _ | arr 01111 1000 2, <i>Expense</i> | Tor Ocparate Floase | mora or Debi | | |
| 2. | Do you have | e dependents? | ☐ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Daughter | | 7 | Yes |
| | | | | | Com | | 13 | □ No |
| | | | | | Son | | - 13 | ■ Yes □ No |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | penses include | | No | | | - | |
| | | f people other t d your depende | | Yes | | | | |
| | <u>-</u> | | | _ | | | | |
| expe | mate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the v | | h assistance an | | government assistance i | | | Your exp | enses |
| | | | | | | | | |
| 4. | | or home owners and any rent for th | | ses for your residence. I or lot. | nclude first mortgag | e 4. \$ | | 907.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | • | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | | • | upkeep expenses | | 4c. \$ | | 50.00 |
| 5 | | owner's associat | | dominium dues our residence, such as ho | me equity loans | 4d. \$ | | 0.00 |

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| Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies are and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: | 6a. \$ 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ | 200.00 75.00 300.00 0.00 800.00 100.00 50.00 50.00 75.00 0.00 130.00 0.00 0.00 0.00 0.00 |
|--|--|---|
| Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies are and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Wehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ | 75.00 300.00 0.00 800.00 100.00 100.00 50.00 250.00 75.00 0.00 130.00 0.00 0.00 677.00 |
| Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. cinclude car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. cinclude insurance deducted from your pay or included in lines 4 or 20. Life insurance Wehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ | 75.00 300.00 0.00 800.00 100.00 100.00 50.00 250.00 75.00 0.00 130.00 0.00 0.00 677.00 |
| Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies are and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. cinclude car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ance. cinclude insurance deducted from your pay or included in lines 4 or 20. Life insurance Wehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ | 300.00 0.00 800.00 100.00 100.00 50.00 250.00 75.00 0.00 130.00 0.00 95.00 0.00 |
| Other. Specify: and housekeeping supplies are and children's education costs ang, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ance. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ | 0.00 800.00 100.00 100.00 50.00 250.00 75.00 0.00 130.00 95.00 0.00 |
| and housekeeping supplies are and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ | 800.00 0.00 100.00 50.00 50.00 250.00 75.00 0.00 130.00 95.00 0.00 677.00 |
| rare and children's education costs ing, laundry, and dry cleaning inal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ | 0.00 100.00 50.00 50.00 250.00 75.00 0.00 130.00 95.00 0.00 677.00 |
| ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ | 100.00 50.00 50.00 250.00 75.00 0.00 130.00 95.00 0.00 |
| nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ | 50.00 50.00 250.00 75.00 0.00 130.00 0.00 95.00 0.00 0.00 677.00 |
| al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17a. \$ 17b. \$ | 50.00 250.00 75.00 0.00 130.00 0.00 95.00 0.00 |
| portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 16. \$ 17a. \$ 17b. \$ | 250.00 75.00 0.00 130.00 0.00 95.00 0.00 |
| include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 16. \$ 17a. \$ 17b. \$ | 75.00 0.00 130.00 0.00 95.00 0.00 |
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| include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. ightharpoolume in the second in lines 4 or 20. ightharpoolume in lines 4 or 20. ightharp | 15a. \$ 15b. \$ 15c. \$ 15d. \$ 16. \$ 17a. \$ 17b. \$ | 130.00 0.00 95.00 0.00 0.77.00 |
| include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 15b. \$ 15c. \$ 15d. \$ 16. \$ 17a. \$ 17b. \$ | 0.00 95.00 0.00 0.00 |
| Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 15b. \$ 15c. \$ 15d. \$ 16. \$ 17a. \$ 17b. \$ | 0.00 95.00 0.00 0.00 |
| Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 15c. \$ 15d. \$ 16. \$ 17a. \$ 17b. \$ | 0.00 95.00 0.00 0.00 |
| Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 15d. \$ 16. \$ 17a. \$ 17b. \$ | 95.00 0.00 0.00 677.00 |
| Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 15d. \$ 16. \$ 17a. \$ 17b. \$ | 0.00 0.00 677.00 |
| Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 16. \$ 17a. \$ 17b. \$ | 0.00 677.00 |
| y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 17a. \$ 17b. \$ | 677.00 |
| ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 17a. \$ 17b. \$ | 677.00 |
| Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: | 17b. \$ | |
| Other. Specify: | · | |
| | 170 °C | 0.00 |
| | 17 C. 3 | 0.00 |
| - n n p n, | 17d. \$ | 0.00 |
| payments of alimony, maintenance, and support that you did not report | | |
| ted from your pay on line 5, Schedule I, Your Income (Official Form 106) | | 0.00 |
| payments you make to support others who do not live with you. | , \$ | 0.00 |
| y: | 19. | |
| real property expenses not included in lines 4 or 5 of this form or on Sc | hedule I: Your | Income. |
| Mortgages on other property | 20a. \$ | 0.00 |
| Real estate taxes | 20b. \$ | 0.00 |
| Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | 20e. \$ | 0.00 |
| Specify: pet care | 21. +\$ | |
| <u> </u> | | 30.00 |
| | | _ |
| · · · · · · · · · · · · · · · · · · · | | 3,809.00 |
| opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ |
| dd line 22a and 22b. The result is your monthly expenses. | | \$ 3,809.00 |
| late very menutalismet in come | | · |
| | 00 - A | |
| | | 0.00 |
| Copy your monthly expenses from line 22c above. | 23b\$ | 3,809.00 |
| C. htm. et | | |
| | 230 \$ | -3,809.00 |
| The result is your <i>monthly net income</i> . | 230. Ψ | 2,230.00 |
| | Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues : Specify: pet care late your monthly expenses dd lines 4 through 21. topy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 dd line 22a and 22b. The result is your monthly expenses. late your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income. u expect an increase or decrease in your expenses within the year after | Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Specify: pet care Interest and 22b. The result is your monthly expenses. Interest and 22b. The result is your monthly expenses. Interest and 22b. The result is your monthly expenses. Interest and 22b. The result is your monthly expenses. Interest and 22b. The result is your monthly expenses. Interest and 22b. The result is your monthly expenses. Interest and 22b. The result is your monthly expenses. Interest and 22b. The result is your monthly expenses. Interest and 22b. The result is your monthly income. Interest and 22b. The result is your monthly income. Interest and 22b. The result is your monthly income. Interest and 22b. The result is your monthly income. Interest and 22b. The result is your monthly income. Interest and 22b. The result is your monthly income. Interest and 22b. The result is your monthly income. Interest and 22b. The result is your expenses within the year after you file this form the power of do you expect your mortgage payr. |

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| Fill in this inf | ormation to identify your | case. | | | |
|--|--|---|----------------------------|--|-----------------------------------|
| Debtor 1 | Tiffany Nichole B | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | riist Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | WESTERN DISTRICT C | OF PENNSYLVANIA | | |
| Case number | | | | | |
| (if known) | | | | | eck if this is an ended filing |
| Declara If two married You must file to the solution of the so | | r, both are equally respoi le bankruptcy schedules n connection with a bank | nsible for supplying corr | | |
| | Sign Below | one who is NOT an attor | ney to beln you fill out b | ankruntov forms? | |
| | pay or agree to pay some | one who is ite i an alter | ney to help you im out so | and aptoy forms. | |
| ■ No | | | | | |
| ☐ Yes | s. Name of person | | | Attach Bankruptcy Petition Declaration, and Signature | |
| | enalty of perjury, I declare are true and correct. | that I have read the sum | mary and schedules filed | d with this declaration and | |
| X /s/ T | iffany Nichole Burton-l | lough | X | | |
| Tiffa | Iny Nichole Burton-Hou ature of Debtor 1 | | Signature of I | Debtor 2 | |
| Date | December 20, 2022 | | Date | | |

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| Fill in | this inforn | nation to identify you | r case: | | | | | | |
|---|---|---------------------------------|--|---|---|---|--|--|--|
| Debtor 1 | | Tiffany Nichole | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | |
| Debto (Spous | or 2 e if, filing) | First Name | Middle Name | Last Name | | | | | |
| Unite | d States Bar | nkruptcy Court for the: | WESTERN DISTRICT OF | F PENNSYLVANIA | | | | | |
| | | .,, | | | | | | | |
| Case number | | | | | - | Check if this is an amended filing | | | |
| Stat | ement | | Affairs for Individ | | | 04/2 | | | |
| inform | nation. If m | | attach a separate sheet to | | equally responsible for sup y additional pages, write you | | | | |
| Part ' | Give D | etails About Your Ma | arital Status and Where You | Lived Before | | | | | |
| 1. V | hat is your current marital status? | | | | | | | | |
| | Married Not mar | ried | | | | | | | |
| 2. D | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there | | | |
| | | | | | ity property state or territory ico, Texas, Washington and W | | | | |
| • | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (Of | fficial Form 106H). | | | | | |
| Part 2 | Explai | n the Sources of You | r Income | | | | | | |
| F | ill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? | | | |
| [• | | in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| From January 1 of current year until the date you filed for bankruptcy: | | | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

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| Deb | tor 1 | Tif | fany Niche | ole Burton- | Hough | Cas | e number (if known) | | |
|------|-----------------|-----------------------|---|---|---|--|---|-----------------------------------|---|
| | | | | | | | | | |
| | | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | | Gross income (before deductions and exclusions) |
| | | | 31, 2021) | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | | | ☐ Operating a business | | Operating a bu | usiness | |
| | | | lar year bet December | | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, comm bonuses, tips | nissions, | |
| | | | | | ☐ Operating a business | | ☐ Operating a but | usiness | |
| , | winni List e | ngs. Ì ach s No | f you are fili | ng a joint cas | pensions; rental income; inter- e and you have income that y me from each source separat | ou received together, list it o | only once under Deb | otor 1. | - , |
| | | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco | me | Gross income (before deductions and exclusions) |
| Part | 3: | List | Certain Pa | yments You | Made Before You Filed for E | Bankruptcy | | | |
| | _ | No. | Neither Deindividual puring the No. Yes | ebtor 1 nor E orimarily for a 90 days befo Go to line 7 List below e paid that cr not include to adjustmen | each creditor to whom you paid editor. Do not include paymen payments to an attorney for th on 4/01/25 and every 3 years | mer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$7,575* or more its for domestic support obliguis bankruptcy case. | I of \$7,575* or more n one or more paym pations, such as child | ? nents and th d support ai | ne total amount you nd alimony. Also, do |
| | • | Yes. | | | r both have primarily consure you filed for bankruptcy, did | | I of \$600 or more? | | |
| | | | ■ No. | Go to line 7 | | | | | |
| | | | ☐ Yes | include pay | each creditor to whom you paid ments for domestic support ob this bankruptcy case. | | | | |
| | Cred | ditor's | s Name and | d Address | Dates of paymen | nt Total amount paid | Amount you still owe | Was this p | ayment for |

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Debtor 1 Tiffany Nichole Burton-Hough Case number (if known)

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | | | | | |
|-----|--|--------|-----------------------|----------------------|--------------|---------------------------|--|----------------------|--|--|--|--|
| | ■ No□ Yes. List all payments to an insider. | | | | | | | | | | | |
| | Insider's Name and Address | Da | tes of payment | Total amount paid | Amount y | | on for this paymen | t | | | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | | | | | |
| | ■ No □ Yes. List all payments to an insider | | | | | | | | | | | |
| | Insider's Name and Address | Dat | tes of payment | Total amount paid | Amount y | | on for this payment e creditor's name | t | | | | |
| Pai | rt 4: Identify Legal Actions, Repossessio | ns, ar | d Foreclosures | | | | | | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | | | | | | | |
| | NoYes. Fill in the details. | | | | | | | | | | | |
| | Case title Case number | Na | ture of the case | Court or agency | | Status | of the case | | | | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | | | | | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | | | | | | |
| | Creditor Name and Address | | scribe the Property | A | | Date | | e of the property | | | | |
| 11. | Explain what happened Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? | | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | , | | | | | | | | | |
| | Creditor Name and Address | De | scribe the action the | e creditor took | | Date action w taken | ras i | Amount | | | | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | | erty in the possessi | ion of an as | signee for the | benefit of credito | rs, a | | | | |
| | ■ No □ Yes | | | | | | | | | | | |
| Pai | rt 5: List Certain Gifts and Contributions | | | | | | | | | | | |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? | | | | | | | | | | | |
| | No☐ Yes. Fill in the details for each gift. | | | | | | | | | | | |
| | Gifts with a total value of more than \$600 per person | | Describe the gifts | | | Dates you ga the gifts | ve | Value | | | | |
| 1 | Person to Whom You Gave the Gift and | | | | | | | | | | | |

Page 37 of 51 Document Debtor 1 Tiffany Nichole Burton-Hough Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Rice & Associates Law Firm **Attorney Fees** 12/20/22 \$400.00 15 West Beau Street Washington, PA 15301 ricelaw1@verizon.net 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. п Person Who Was Paid Description and value of any property Date payment Amount of payment Address transferred or transfer was made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. П Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was property transferred payments received or debts made Address

paid in exchange

Person's relationship to you

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Debtor 1 Tiffany Nichole Burton-Hough

Case number (if known)

| 19. | beneficiary? (These are often called asset-prote | | y property to a | i self-settle | d trust or similar device (| of which you are a |
|-----|--|--|------------------|-------------------------|--|---|
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | sferred | Date Transfer was made |
| Pai | t 8: List of Certain Financial Accounts, Insti | ruments, Safe Deposit | Boxes, and S | torage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated. | other financial accour | nts; certificate | s of deposi | | , , |
| | NoYes. Fill in the details. | | | | | |
| | | Last 4 digits of account number | Type of acco | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, a | ny safe de _l | posit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 | year befor | e you filed for bankrupto | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control fo | or Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | ude any prope | rty you bor | rowed from, are storing f | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Pai | t 10: Give Details About Environmental Infor | mation | | | | |
| For | the purpose of Part 10, the following definition | ns apply: | | | | |
| | Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s | air, land, soil, surface | e water, ground | 0. | , | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | | environmental | law, wheth | er you now own, operate | , or utilize it or used |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o | | as a hazardous | s waste, ha | zardous substance, toxid | : substance, |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Tiffany Nichole Burton-Hough

Case number (if known)

| 24. | Has any governmental unit notified you that y — | ou may be liable or potentially liable | unde | er or in violation of an environme | ntal law? |
|-----|---|--|---------|--|--------------------|
| | No | | | | |
| | Yes. Fill in the details. | | | | D |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of a | ny release of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admi | nistrative proceeding under any envi | ironm | ental law? Include settlements a | nd orders. |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | ure of the case | Status of the case |
| Par | 11: Give Details About Your Business or Co | onnections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy | ,, did you own a business or have ar | ny of t | the following connections to any | business? |
| | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, | , eithe | er full-time or part-time | |
| | ☐ A member of a limited liability compar | ny (LLC) or limited liability partnersh | ip (LL | _P) | |
| | ☐ A partner in a partnership | | | | |
| | ☐ An officer, director, or managing exec | cutive of a corporation | | | |
| | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | |
| | ■ No. None of the above applies. Go to Pa | rt 12. | | | |
| | ☐ Yes. Check all that apply above and fill in | | S. | | |
| | Business Name | Describe the nature of the business | | Employer Identification number | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security n Dates business existed | umber or ITIN. |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | γ, did you give a financial statement | to any | yone about your business? Inclu | de all financial |
| | ■ No | | | | |
| | Yes. Fill in the details below. | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | |
| | | | | | |

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Case 22-22498-GLT Doc 1 Filed 12/20/22 Entered 12/20/22 14:15:54 Desc Main Document Page 40 of 51 Debtor 1 Tiffany Nichole Burton-Hough Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tiffany Nichole Burton-Hough Tiffany Nichole Burton-Hough Signature of Debtor 2 Signature of Debtor 1 Date December 20, 2022 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Fill in this inform | mation to identify your case: | | |
|-----------------------------------|--|---|---|
| Debtor 1 | Tiffany Nichole Burton-Hough | | |
| | First Name Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: WESTERN DIS | STRICT OF PENNSYLVANIA | |
| | | | |
| Case number _ (if known) | | | ☐ Check if this is an amended filing |
| Official Fo Statemer | | ividuals Filing Under Chapto | er 7 12/15 |
| | ividual filing under chapter 7, you must e claims secured by your property, or | fill out this form if: | |
| you have leas | sed personal property and the lease has s form with the court within 30 days aft ever is earlier, unless the court extends | s not expired. er you file your bankruptcy petition or by the date so the time for cause. You must also send copies to th | |
| | eople are filing together in a joint case, nd date the form. | both are equally responsible for supplying correct in | nformation. Both debtors must |
| | and accurate as possible. If more space our name and case number (if known). | e is needed, attach a separate sheet to this form. On | the top of any additional pages, |
| Part 1: List Yo | our Creditors Who Have Secured Claim | s | |
| | | e D: Creditors Who Have Claims Secured by Propert | y (Official Form 106D), fill in the |
| information be Identify the cr | editor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | |
| | ally Financial, Inc | ☐ Surrender the property. | □ No |
| name: | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a | ■ Yes |
| Description of | 1000 | Reaffirmation Agreement. | . 33 |
| property securing debt: | KBB private party = \$20,911 | ■ Retain the property and [explain]: retain & pay | _ |
| Creditor's E | auiant | □ Currender the prescript | П Na |
| name: | equiant | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of | Palmero Vacation Timeshare | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property | purchased for \$12,000 | Retain the property and [explain]: | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

retain & pay

Retain the property and [explain]:

Describe your unexpired personal property leases

Will the lease be assumed?

securing debt:

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| Debt | or 1 _ | Fiffany Nichole Burton-Hough | Case number (if known) | |
|--------------|----------|--|--|-------------------------------|
| | | | | _ |
| | or's na | ne: of leased | | □ No |
| Prop | | orreased | | ☐ Yes |
| Less | or's nai | me: | | □ No |
| | | of leased | | 1 100 |
| Prop | erty: | | | ☐ Yes |
| | or's na | | | □ No |
| Desc Prop | | of leased | | П., |
| тюр | erty. | | | ☐ Yes |
| | or's na | | | □ No |
| Prop | | of leased | | ☐ Yes |
| Lace | or's na | me: | | Пи |
| | | of leased | | □ No |
| Prop | | | | ☐ Yes |
| Less | or's nai | me: | | □ No |
| | | of leased | | |
| Prop | erty: | | | ☐ Yes |
| | or's na | | | □ No |
| Desc Prop | • | of leased | | ☐ Yes |
| D! | 0 | Data. | | |
| Part | 3: 5 | gn Below | | |
| Unde | r pena | ty of perjury, I declare that I have indicated n | my intention about any property of my estate that se | cures a debt and any personal |
| prope | erty tha | t is subject to an unexpired lease. | | |
| Χ | /s/ Tif | fany Nichole Burton-Hough | X | |
| | | y Nichole Burton-Hough | Signature of Debtor 2 | |
| | Signati | ure of Debtor 1 | | |
| | Date | December 20, 2022 | Date | |
| | | | | |

| -···· | de la companya de la | | | | | | | |
|------------------|--|--|------------------------|--------------------------------|--------------------------|------------------------------|----------------------------------|---------------------------------|
| Fill ir | n this information to identify your case: | | | eck one box 2A-1Supp: | only as d | irected in | this form and | in Form |
| Debt | or 1 Tiffany Nichole Burton-Hough | | 122 | .д-10upp. | | | | |
| Debt (Spou | or 2 | | 1 | 1. There | is no pres | umption o | f abuse | |
| Unite | ed States Bankruptcy Court for the: Western District o | f Pennsylvania | [| applie | s will be n | | er <i>Chapter 7 I</i> | nption of abuse Means Test |
| (if kno | e number wn) | | ı | ☐ 3. The Mo | eans Test | does not | apply now be | |
| | | | | ☐ Check i | | | · | <u>F-7</u> |
| Off | icial Form 122A - 1 | | | _ | | | | |
| | apter 7 Statement of Your Cur | rent Monthly | Inc | omo | | | | 40/4 |
| CII | | Terit Moriting | IIIC | Oille | | | | 12/19 |
| attach case i | complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to woumber (if known). If you believe that you are exempted froughing military service, complete and file Statement of Exempted Trombound Calculate Your Current Monthly Income | vhich the additional inform m a presumption of abuse | nation a | pplies. On the | ne top of a | ny addition narily cons | al pages, write sumer debts o | e your name and r because of |
| 1. | What is your marital and filing status? Check one or | nly. | | | | | | |
| | ☐ Not married. Fill out Column A, lines 2-11. | • | | | | | | |
| | \square Married and your spouse is filing with you. Fill ou | ut both Columns A and E | 3, lines | 2-11. | | | | |
| | ■ Married and your spouse is NOT filing with you. | You and your spouse | are: | | | | | |
| | ■ Living in the same household and are not lega | | | umne A and | IR lings ' | D_11 | | |
| | ☐ Living separately or are legally separated. Fill | • | | | • | | this how you | ı declare under |
| | penalty of perjury that you and your spouse are living apart for reasons that do not include evadir | egally separated under r | nonban | kruptcy law | that appli | es or that y | | |
| 10 the | I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p | nonth period would be March by 6. Fill in the result. Do n | h 1 throu ot includ | igh August 31 le any income | . If the amo amount m | ount of your ore than on | monthly incom | e varied during le, if both |
| | | | | Column A Debtor 1 | | Column Debtor non-fili | | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and commissions (before | ore all | \$ | 0.00 | \$ | 350.00 | |
| | Alimony and maintenance payments. Do not include Column B is filled in. | | | \$ | 0.00 | \$ | 0.00 | |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a sp | Include regular contributed, your dependents, pare | utions ents, | \$ | 0.00 | \$ | 0.00 | |
| 5 | filled in. Do not include payments you listed on line 3. Net income from operating a business, profession, | or farm | | Ψ | | Ψ | | |
| J. | Net income from operating a business, profession, | Debtor 1 | | | | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | | | |
| | Net monthly income from a business, profession, or far | m \$ 0.00 Copy h | nere -> | \$ | 0.00 | \$ | 0.00 | |
| 6. | Net income from rental and other real property | | | | | | | |
| | | Debtor 1 | | | | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 \$ 0.00 Copy h | nore -> | ¢ | 0.00 | \$ | 0.00 | |
| _ | Net monthly income from rental or other real property | \$O.UU_ Copy r | .c. c -> | Ψ | 0.00 | \$ | 0.00 | |
| | | | | N/A | | | 3.00 | |

7. Interest, dividends, and royalties

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Case number (if known)

Tiffany Nichole Burton-Hough

Debtor 1

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 350.00 0.00 \$ \$ 350.00 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 350.00 Multiply by 12 (the number of months in a year) **x** 12 4,200.00 12b. The result is your annual income for this part of the form 12b 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. PA Fill in the number of people in your household. Fill in the median family income for your state and size of household. 113,037.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Tiffany Nichole Burton-Hough **Tiffany Nichole Burton-Hough** Signature of Debtor 1

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| Debtor 1 Tiffany Nichole Burton-Hough | Case number (if known) |
|---|------------------------|
| Date December 20, 2022 | |
| MM / DD / YYYY | |
| If you checked line 14a, do NOT fill out or file Form | 122A-2. |
| If you checked line 14h fill out Form 1224-2 and fil | e it with this form |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$78 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$338 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| _ | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 22-22498-GLT Doc 1 Filed 12/20/22 Entered 12/20/22 14:15:54 Desc Main Document Page 50 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| In re | Tiffany Nichole Burton-Hough | · | Case N | 0. | |
|---------------------|---|---|--|---|--|
| | | Debtor(s) | Chapte | 7 | |
| | DISCLOSURE OF COMP | ENSATION OF ATTOR | NEY FOR 1 | DEBTOR(S) | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fipe rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, | or agreed to be p | aid to me, for service | |
| | For legal services, I have agreed to accept | | \$ | 1,600.00 | |
| | Prior to the filing of this statement I have receive | ed | \$ | 400.00 | |
| | Balance Due | | | 1,200.00 | |
| 2. 7 | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. 7 | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed cor | npensation with any other person u | nless they are m | embers and associat | es of my law firm. |
| 5. 1 a b c | I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the reference of the agreement, together with a list of the reference of the agreement, together with a list of the reference of the agreed to a. Analysis of the debtor's financial situation, and removed. Preparation and filing of any petition, schedules, standard competition of the debtor at the meeting of credit. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicated 522(f)(2)(A) for avoidance of liens on head of the debtors in any of the adversary proceeding. | render legal service for all aspects adering advice to the debtor in determinent of affairs and plan which ditors and confirmation hearing, and preduce to market value; exertions as needed; preparation and process and goods. The determinent of affairs and plan which is ditors and confirmation hearing, and preduce to market value; exertions as needed; preparation and the determinent of the | of the bankruptormining whether may be required; any adjourned by mption planning and filing of meservice: | extracted. Ey case, including: to file a petition in benearings thereof; ng; preparation a otions pursuant | oankruptcy; nd filing of to 11 USC |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement for p | payment to me for | or representation of t | the debtor(s) in |
| D | ecember 20, 2022 | /s/ David A Rice, E | sq. | | |
| | ate | David A Rice, Esq Signature of Attorney Rice & Associates 15 West Beau Stre Washington, PA 1 724-225-7270 Fax ricelaw1@verizon Name of law firm | Law Firm eet 5301 :: 724-225-7318 | 3 | |

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United States Bankruptcy Court Western District of Pennsylvania

| re | Tiffany Nichole Burton-Hough | Debtor(s) | Case No. | 7 |
|-----|----------------------------------|---|-------------------|-----------------------|
| | | | | |
| | VER | IFICATION OF CREDITOR M | IATRIX | |
| abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and con | rrect to the best | of his/her knowledge. |
| te: | December 20, 2022 | /s/ Tiffany Nichole Burton-Houg | h | |
| | | Tiffany Nichole Burton-Hough | | |
| | | Signature of Debtor | | |